



# KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P. O. Box 1360  
 Frankfort, Kentucky 40602  
 Phone (502) 782-8812  
 Fax (502) 696-3925  
<http://psy.ky.gov>

## Complete One Page for Each Practicum Site

(Do Not Include Basic Therapy and Assessment  
 Practica Listed on Curriculum Guidelines Form)

Applicant Name:		
Name of Placement:		
Type of Placement:		
Dates of Placement (mo/yr) (must be reflected on transcript):		Course # on Transcript
Hours of Direct Service (Client Contact):		
Hours of Indirect Service (Includes Supervision):		
Total Hours for this site:		

## Complete One Section for Each Supervisor

<b>Name of Supervisor:</b>	
<b>Supervisor Discipline:</b>	
<b>State &amp; License Number:</b>	
Face to Face Supervision	Supervision Hours:
Individual	
Group	
Total Face to Face Supervision	
Non Face to Face Supervision	Supervision Hours:
Individual	
Group	
Total Non Face to Face Supervision	
Total Hours of Supervision	
<b>Name of Supervisor:</b>	
<b>Supervisor Discipline:</b>	
<b>State &amp; License Number:</b>	
Face to Face Supervision	Supervision Hours:
Individual	
Group	
Total Face to Face Supervision	
Non Face to Face Supervision	Supervision Hours:
Individual	
Group	
Total Non Face to Face Supervision	
Total Hours of Supervision	